

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/523365**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1/					
2		1/				
3		2/				
4		1/				
5		1/				
6		1/				
7		1/				
8		3/				
9		2/				
10		2/				
11		2/				
12		1/				
13		2/				
14		2/				
15		2/				
16		2/				
17	1/					
18		1/				
19		1/				
20		1/				
21		1/				
22		1/				
23		2/				
24		1/				
25		1/				
26		1/				
27		1/				
28		2/				
29		2/				
30		1/				
31		1/				
32		1/				
33		1/				
34		10/				
35		10/				
36		10/				
37		0/				
38	1/					
39		1/				
40	1/					
41		1/				
42		1/				
43		3/				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	81					
TOTAL CLAIMS	85					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						